

HOURS: Mon-Fri: 8am-8pm Sat & Sun: 8am-6pm

714.494.2828 714.482.2871 Fax

## **Authorization to Treat**

Patient Name:			Company Name:	-
Contact Person:			Phone: ()	
Insurance Co.:			Phone: ()	
Job Description: _				_
Modified Duty:	□ Yes	□ No	Body Part Injured	_
☐ Occupational In	njury Treatn	nent		
☐ Drug Screen ☐ Physical Exam ☐ Post Offer		☐ Random ☐ DMV ☐ Post Accident	□ DOT □ Executive □ Other	
Treatment Author	ized By:			